

**WATER CONNECTION CHARGE COMPUTATION WORKSHEET
NON-RESIDENTIAL OR MIXED-USE PROPERTIES**

Application # :

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Tax I.D.# _____

Serial No. _____

Section 1 - General Information

Date: _____

Company Name: _____

Project Address: _____

Subivision/Lot: _____

Name of Representative: _____

Title: _____

Phone: _____ Fax: _____

SIC Code: _____

Section 2 - Description of Services

Describe the products and/or services made or offered at your facility: _____

Section 3 - Hours of Operation

For each type of function performed at your facility, please list square feet of facility space, hours of operation and maximum number of employees (for example, for an office building with a cafeteria, gas station/car wash, clinic/day surgery center, etc. please list functional areas separately):

Function	Hours of Operation	Employees per Shift	Facility Space

Section 4 - Additional Comments

Any other information you believe is relevant for computing estimated water usage for your facility:
